

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000000148

FILED  
Sep 20, 2005  
Secretary of State

**Entity Name:** INTEGRATED FITNESS SYSTEMS, INC.

**Current Principal Place of Business:**

275 MURCIA DR SUITE 109  
JUPITER, FL 33458

**New Principal Place of Business:**

25330 SILVER ASPEN WAY, APT 836  
VALENCIA, CA 91381

**Current Mailing Address:**

275 MURCIA DR SUITE 109  
JUPITER, FL 33458

**New Mailing Address:**

25330 SILVER ASPEN WAY, APT 836  
VALENCIA, CA 91381

**FEI Number:** 20-0558828

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** T. BAEZ, VP FOR CORPORATE CREATIONS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** LABOSCO, MATTHEW  
**Address:** 275 MURCIA DR  
**City-St-Zip:** JUPITER, FL 33458

**Title:** D ( ) Delete  
**Name:** LABOSCO, EVE  
**Address:** 275 MURCIA DR #109  
**City-St-Zip:** JUPITER, FL 33458

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** D (X) Change ( ) Addition  
**Name:** LABOSCO, MATTHEW  
**Address:** 25330 SILVER ASPEN WAY, APT 836  
**City-St-Zip:** VALENCIA, CA 91381

**Title:** D (X) Change ( ) Addition  
**Name:** LABOSCO, EVE  
**Address:** 25330 SILVER ASPEN WAY, APT 836  
**City-St-Zip:** VALENCIA, CA 91381

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MATTHEW LABOSCO

D

09/20/2005

Electronic Signature of Signing Officer or Director

Date